

# REGISTRATION APPLICATION OF SERVICE ANIMAL FOR PEOPLE WITH DISABILITIES

North Carolina Division of Vocational Rehabilitation Services



**Instructions** Please fill out this page of the application. Give the Verification Statement (second page) to the trainer or to a representative of the training facility to fill out and sign. Sign both pages, attach any supporting documentation and mail to: **NC Division of Vocational Rehabilitation Services, Attn: Philip Woodward, 2801 Mail Service Center, Raleigh NC 27699-2801**

## APPLICANT

**Applicant's Name:**

\_\_\_\_\_  
*First Middle Initial Last*

**Parent/Guardian (if under 18 years old):**

\_\_\_\_\_  
*First Middle Initial Last*

**Address:**

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State and Zip Code*

**Daytime Phone:** (      )

**E-mail Address:**

**Nature of Your Disability:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SERVICE ANIMAL

**Name of Animal:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name of Trainer or Representative of  
Training Facility (if Trainer's Name Unknown):**

**Training Facility/School:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State and Zip Code*

**Phone:** (      )

**E-mail Address:** \_\_\_\_\_

**Training Certificate Number (if applicable)**

\_\_\_\_\_  
**\*A verification statement from the trainer must be attached indicating (1) that the animal has satisfactorily completed the training, (2) a description of special skills mastered by the animal, and (3) date of training completion.**

I certify that all of the statements in this application and any attached documents are true and correct to be best of my knowledge and belief, and they are made in good faith. I authorize investigation of all statements made in this application. I understand that false information may be grounds for rejection of this application or revocation of permit if already issued.

\_\_\_\_\_  
Signature of Applicant or Parent/Guardian

\_\_\_\_\_  
Date

For office use only: Tag No. \_\_\_\_\_

Date Issued \_\_\_\_\_

\_\_\_\_\_  
Signature of Designated Agency Personnel

\_\_\_\_\_  
Date



# VERIFICATION STATEMENT FOR TRAINER OF SERVICE ANIMAL

North Carolina Division of Vocational Rehabilitation Services



\_\_\_\_\_ (Applicant) has applied for registration of his/her service animal with the State of North Carolina, Department of Health and Human Services.

**Please complete the following:**

**Applicant's Address:**

\_\_\_\_\_  
*Street* *City* *State and Zip Code*

**Training Facility/School Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street* *City* *State and Zip Code*

**Name of Animal:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Special Skills Mastered** (please use the back or attach additional sheets if necessary)

**Date of Training Completion** \_\_\_\_\_

I certify that all of the statements in this verification statement and any attached documents are true and correct to the best of my knowledge and belief, and they are made in good faith. I authorize investigation of all statements made in this application. I understand that false information may be grounds for rejection of this application or revocation of permit if already issued.

\_\_\_\_\_  
**Signature of Trainer or Representative of Training Facility**

\_\_\_\_\_  
**Date**

I authorize the above information to be supplied to the North Carolina Department of Health and Human Services for the sole purposes of obtaining a registration for my service animal.

\_\_\_\_\_  
**Signature of Applicant or Parent/Guardian**

\_\_\_\_\_  
**Date**

**Please mail application and verification statement to:**



For more information: 919-733-0390  
[philip.woodward@dhhs.nc.gov](mailto:philip.woodward@dhhs.nc.gov)

NC Division of Vocational Rehabilitation Services  
Attn: Philip Woodward  
2801 Mail Service Center  
Raleigh NC 27699-2801